#### Arkansas

### **Arkansas Department of Environmental Quality (ADEQ)**

Re: 7520 Reports for the Fourth Quarter of FY2012

4<sup>th</sup> Quarter Period: (October 1, 2011 --- September 30, 2012)

Date: (Monday) October 29, 2012

Time: 8:00am



OCT 29 2012

Omar T. Martinez, Environmental Scientist Ground Water/UIC [6WQ-SG] U. S. Environmental Protection Agency Region 6 1445 Ross Avenue, Suite 1200 Dallas, TX 75202-2733

RE: 7520 Reports for the Fourth Quarter of FY 2012

Dear Mr. Martinez:

The 7520 reports for the Fourth Quarter of FY 2012 are enclosed. Please do not hesitate to contact me by phone at (501) 682-0646 or by e-mail at <a href="mailto:hanson@adeq.state.ar.us">hanson@adeq.state.ar.us</a> with any questions.

Sincerely,

Linda Hanson Geologist P. G.

Permits Branch, Water Division

cc: Mike Vaughan, 6WQ-AT (Vaughan.Michael@epamail.epa.gov)

Robert Todd, 6WQ-AT (Todd.Robert@epamail.epa.gov)

**UIC Files** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

#### **\$EPA**

## UIC Federal Reporting System Part I: Permit Review and Issuance/ Wells in Area of Review

(This information is solicited under the authority of the Safe Drinking Water Act)

1.	Name	and	Address	of	Reporting	Agency
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United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

II. Date Prepared (month, day, year) III. State Contact (name, to				ephone no.)	IV. Repo	rting Period	(month,	year)			
10/22/2012			Linda Hanson, (501) 682	-0646	From Octo	ber 1, 2	<b>0</b> 11		09/30/20	12	
							lass and	Type of	Injection We	ells	
							- 11		_		
			Item		ı	SWD 2D	ER 2R	HC 2H	m	IV	v
V. Permit Application	Number of Pern	nit A	pplications Received	_							0
		A	Number of Individual Permits Issued	New Wells	0						0
	Permit		(One Well)	Existing Wells	1			Acres			0
VI.		В	Number of area Permits* Issued (Multiple Wells)	New Well Field	0		The state of the s				0
VI. Permit Determin- ation	Issued		(*See instructions on back)	Existing Well Field	3						1
	133000	С	Number of Wells in Area Permits	New Wells	0						0
			(See B above)	Existing Wells	8						0
	Permit Not Issued	D	Number of Permits Denied/Withd (after complete technical review)	rawn	0						0
	Modification Issued	E	Number of Major Permit Modifications Approved								0
VII. Permit	1			Wells Reviewed	NA		The state of the s				NA
File Review	Class II Wells	iewed	Wells Deficient	NA						NA	
	Wells		Number of Wells	Abandoned Wells	0						0
	Reviewed	Α	in Area of Review	Other Wells	0						0
	Wells Identified		Number of Wells Identified	Abandoned Wells	0						0
VIII. Area of	for C/A	В	for Corrective Action	Other Wells	0						0
Review (AOR)			Number of Wells in AOR with     Casing Repaired/Recemented	C/A		0					0
	Wells		Number of Active Wells in AOR Plugged/Abandoned			1	The second secon				0
	with C/A	С	Number of Abandoned Wells in AOR Replugged			0					] [0
			4. Number of Wells in AOR with "Other" Corrective Action		0					0	
IX. Remarks/	Ad Hoc Report	Atta	ch additional sheets if necessary)				ooren aan aan aan aan aan aan aan aan aan a			# - 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1	

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

10/22/2012

Telephone No. (501) 682-0646

EPA Form 7520-1 (Rev. 8-01)

Previous edition is obsolete.

ease type or pr	int all informat	ion.	Please read instru	actions on reverse.	OWIL						I			
	States Environmer e of Ground Water Washington,	I. Name and Address of Reporting Agency  United States Environmental Protection Agency  Arkansas Department of Environmental Quality												
UIC Federal Reporting System  Part II: Compliance Evaluation						s Departn	nent of En	vironmen	tal Qualit	у	Cooks and the second se			
<b>SEPA</b>	Pai	rt I	i: Complian	ce Evaluation	5301 Northshore Drive North Little Rock, AR 72118-5317  IV. Reporting Period (month, year)									
		(T aut	hority of the Safe I	solicited under the Drinking Water Act)										
I. Date Prepared	d (month, day,	year	Paradiana and the second and the sec	ntact (name, telephone no.)		ing Period	(month, y	To						
10/22/2012			Linda Han	son, (501) 682-0646	Octob		Section of the contrast of the	C	9/30/2012					
						C	lass and	Type of In	ection We	lls				
			Item		ı	SWD 2D	ER 2R	HC 2H	111	IV	V			
	Total Wells	Α	Number of Wells	with Violations	0						0			
V.			Number of Un Injection Viol		0						0			
Summary	2. Number of Mec			echanical Integrity Violations	0						0			
				peration and Violations	3		A CONTRACTOR OF THE CONTRACTOR			2007	0			
Violations	Violations		4. Number of Pl	ugging ment Violations	0		The state of the s				0			
5. Number of Mor			onitoring and olations	0						0				
			6. Number of O	Number of Other Violations						Spen Spendorder Communication (Section Communication Commu	0			
	Total Wells	А	Number of Wells Enforcement Act		0						0			
			1. Number of N	otices of Violation	0	The state of the s					0			
VI.			2. Number of Co	onsent Agreements	0						10			
Summary			3. Number of A	dministrative Orders	0									
of	Total Enforcement	В	4. Number of C	ivil Referrals	0					legación de la constantina della constantina del	0			
Enforcement	Actions		5. Number of C	riminal Referrals	0				900000000000000000000000000000000000000	Function of the control of the contr	0			
			6. Number of W	/ell Shut-ins	0			Business of the second of the second			0			
				ipeline Severances	0					9	0			
			8. Number of O	ther Enforcement Actions	0						0			
VII. Summary	Number of W			A. This Quarter	1					4	0			
of Compliance	Returned to	Com	pliance	B. This Year	3					2000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 1000 - 10	0			
VIII. Contamination	Number of C	ases	of Alleged Contai	nination of a USDW	0						0			
IX. MIT Resolved	Percent of M	IT Vi	olations Resolved	in 90 Days	100					ACCOUNTS AND ACCOU	100			
X. Remarks/Ad	Hoc Report	(Atta	ch additional shee	land the second										
l certify knowin	that the state	men slea	ts I have made on ding statement ma	Certificati this form and all attachments ay be punishable by fine or im	thereto are	true, accu t or both u	rate, and c nder appli	omplete. cable law.	l acknowle	dge that a	ny			

EPA Form 7520-2A (1-88)

Replaces EPA Form 7520-2 which is obsolete

Signature and Typed or Printed Name and Title of Person Completing Form

Reference File Code: WA-UI-PP

Telephone No.

(501) 682-0646

Date

10/22/2012

**\$EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

#### **UIC Federal Reporting System** Part II: Compliance Evaluation **Significant Noncompliance**

(This information is solicited under the

١.	Name	and	Address	of	Reporting	Agency
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United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

authority of the Safe Drinking Water Act)														
II. Date Prepared (month, day, year) III. State Contact (name, telephone no.)					IV. Reporting Period (month, year)									
10/22/2012			Linda H	anson, (501) 682-0646	October 1, 20 11 To 09/30/2012									
						C	ells							
							11							
			Item		ı	SWD 2D	ER 2R	НС 2H	111	IV	v			
	Total Wells	Α	Number of Well	s with SNC Violations										
V. 1. Number of Un Injection SNC					3						0			
Summary			2. Number of N SNC Violation	0	y					0				
of Significant	of 3. Number of Inj. SNC Violation			njection Pressure ons	0						0			
Non-	Total Violations	В		nment SNC Violations	0						0			
Compliance			5. Number of S of Formal O	SNC Violations rders	0		les or supremonations of the second		***************************************		0			
(SNC)			6. Number of F SNC Violation		0						0			
			7. Number of ( (Specify)	Other SNC Violations	0						0			
	Total Wells	Α	Number of Well Enforcement Ac	s with tions Against SNC	0						0			
VI.			1. Number of N	lotices of Violation	0						0			
Summary		2. Number of Co		consent Agreements/Orders	0						0			
of			3. Number of A	dministrative Orders	0						0			
Enforcement	Total Enforcement	В	4. Number of C	Civil Referrals	0						0			
Linorcoment	Actions		5. Number of C	Criminal Referrals	0						0			
Against			6. Number of V	Vell Shut-ins	0						0			
SNC				ipeline Severances	0						0			
				Other Enforcement Actions Violations (Specify)	0						0			
VII. Summary	Number of We	lls i	n SNC	A. This Quarter	1		Annual colores of the color of the color				0			
of Compliance	Returned to C	omp	liance	B. This Year	3		Lance and the second				0			
VIII. Contamination	Number of Cas	ses	of Alleged Contai	nination of a USDW	0						0			
IX. Well	Class IV/Enda		ring Class V		Involunta	ry Well Clo	sure			0	0			
Closure	Well Closures				Voluntary	/ Well Clos	ure			0	0			
				Certificatio	n									

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Telephone No.

10/22/2012

(501) 682-0646

EPA Form 7520-2B (8-01)

Replaces EPA Form 7520-2 which is obsolete.

**\$EPA** 

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

## UIC Federal Reporting System Part III: Inspections Mechanical Integrity Testing

(This information is solicited under the authority of the Safe Drinking Water Act)

I. Name and Address of Reporting Agency

United States Environmental Protection Agency

Arkansas Department of Environmental Quality 5301 Northshore Drive North Little Rock, AR 72118-5317

III State Contact	(name, telephone no.)	IV. Reporting Period (month, year)
III. State Contact	mamo, torophone men,	

III. Date Prepared (month, day, year)

10/22/2012

III. State Contact (name, telephone)
Linda Hanson, (501) 682-0646

October 1, 20 11

09/30/2012

То

						C		Type of Inj	ection we	lls I	Т
			Item		1	SWD 2D	ER 2R	HC 2H	111	IV	V
	Total Wells	А	Number of Wells Inspected		56					Name of the second seco	0
V.	110110		Number of Mechanical Integrity     (MIT) Witnessed	Witnessed er of Emergency Response or 0							0
Summary			2. Number of Emergency Respons Complaint Response Inspectio								0
of	Total Inspections	В	3. Number of Well Constructions Witnessed	0						0	
Inspections	mopositorio		4. Number of Well Pluggings Witnessed	Number of Well Pluggings Witnessed  Number of Routine/Periodic Inspections							0
			5 Number of Routine/Periodic					Amazonia con			0
	Total	Α	Number of Wells Tested or Evaluat for Mechanical Integrity (MI)	ed	14						0
	Total Wells	В		sed 2-part test	0						0
		"		d 2-part test	0						0
			1. Number of Annulus Pressure	Well Passed	14						0
VI.			1. Monitoring Record Evaluations	Well Failed	0						0
_			2. No. of Casing/	Well Passed	0						0
Summary	For		Tubing Pressure Tests	Well Failed	0						0
	Significant	С	2 Number of Monitoring	Well Passed	0						0
of	Leak		3. Record Evaluations	Well Failed	0						0
			A No. of Other Significant Leak	Well Passed	0		The second secon				0
Mechanical			4. Tests/Evaluations (Specify)	Well Failed	0						0
			Number of Cement	Well Passed	0						0
Integrity			1. Record Evaluations	Well Failed	0						0
	_		2 Number of Temperature/	Well Passed	1						0
(MI)	For	_	2. Number of Temperature/ Noise Log Tests	Well Failed	0			procession was a second			0
	Fluid	D	No. of Radioactive Tracer/	Well Passed	5						0
	Migration		3. Cement Bond Tests	Well Failed	0					Parameter State of the State of	0
			A No. of Other Fluid Migration	Well Passed	0						0
			4. Tests/Evaluations (Specify)	Well Failed	0					Parameter section and	0
	Total Wells	A	Number of Wells with Remedial Action		0						0
VII.		T	Number of Casing Repaired/     Squeeze Cement Remedial Act	ions	0						0
Summary of	Total Remedial	В	Number of Tubing/Packer     Remedial Actions		0						0
Remedial	Actions		3. Number of Plugging/Abandoni Remedial Actions		0						0
Action			4. Number of Other Remedial Act (Specify)	ions	0						0

VIII. Remarks/Ad Hoc Report (Attach additional sheets)

#### Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

Signature and Typed or Printed Name and Title of Person Completing Form

Date 10/22/2012 Telephone No. (501) 682-0646

EPA Form 7520-3 (Rev. 8-01)

Previous edition is obsolete.

# Reference File Code: WA-UI-PP

8	E	F	A

United States Environmental Protection Agency Office of Ground Water and Drinking Water Washington, DC 20460

UIC Federal Reporting System

Part IV: Quarterly Exceptions List

(This information is collected under the authority of the Safe Drinking Water Act)

OMB No. 2040-0042	
Approval expires 4/30/07	
I. Reporting Period	
I. Reporting Period From	То

II.	III.	IV.	V. S	umm	arv o	f Viol	ation	s			VI.	Sumi	mary	of En	force	ment				l .,,,
Well	Name and Address	Well	Date of			rk ('X'			Туре		Date of	. Summary of Enforcement  Mark ('X') Enforcement Type					VII. Date			
Class and Type	of Owner/Operator	ID No. (Permit No.)	Violation	Unauthorized Injection	Well Mechanical Integrity	Injection Pressure	Plugging and Abandonment	Formal Order	Falsification	Other (Specify)	Enforcement	Notice of Violation	Consent Agreement	Administrative Order	Civil Referral	Criminal Referral	Well Shut-in	Pipeline Severance	Other (Specify)	Compliance Achieved
I	SNC (see attachment)	0010-UR-3	03/27/2012	200000000000000000000000000000000000000			The second of th	The state of the s		×			The state of the s							03/30/2012
		0011-U	05/30/2012	×			***************************************					,		Section 1.						05/30/2012
		0010-UR-3	08/13/2012	×														The second of th		08/13/2012
III	No violations or enforcement												200000000000000000000000000000000000000	Constitution of the Consti					70/2004/01	
IV	No violations or enforcement				2000000000		3							39-4					provincent no	
V	No violations or enforcement					***************************************	### O V V O V O V O V O V O V O V O V O	position of the second			CHI 14 NO TO THE WAY TO AN ADDRESS OF A COURT OF THE PROPERTY		-	parameters at the second		Management of the second				gadayi Assisaning saada Assisaning saada Assisaning saada assisaning saada assisaning saada assisaning saada a
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MAGINTAL CONTRACT			300000000000000000000000000000000000000			300000000			-	 										

Certification

I certify that the statements I have made on this form and all attachments thereto are true, accurate, and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.

ignature of Person Completing Form	Typed or Printed Name and Title	Date	Telephone No.
SAL HAMACON)	Linda Hanson, P.G.	10/22/2012	(501) 682-0646

EPA Form 7520-4 (Rev. 8-01)

Previous edition is obsolete.